

Commissioners

LeRoy E. Brown, Chair
Shirley M. Anglin, Vice
Chair
Elsie Akinbobola
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Elaine Carter
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Avner "Jim" Young

**THE HOUSING AUTHORITY OF
PRINCE GEORGE'S COUNTY**



JACK B. JOHNSON
County Executive

SECTION 8 RENTAL ASSISTANCE PROGRAM

NAME: _____

DATE: _____

SS#: _____

ZERO INCOME STATEMENT

This statement is to certify that I am not receiving income from any source whatsoever.

I am not employed through any private or public employer.

I am not receiving unemployment compensation benefits.

I am not receiving Social Security benefits or any type of annuity benefits.

I am not receiving Temporary Emergency Medical and Housing Assistance (TEMHA),
Temporary Cash Assistance (TCA), Pension or Veteran's benefits.

I am on maternity leave without pay () (please check if so).

I understand that I must report any change in income status.

Money received from friends, relatives, etc., is income and must be reported. Obtain
notarized statement of amount received.

This form must be NOTARIZED in order to be deemed valid.

NOTARY

Signed: _____
(PERSON WITH ZERO INCOME)

Address: _____

Telephone Number

**WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS
GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRADULENT
STATEMENTS TO ANY DEPARTMENT OF THE UNITED STATES GOVERNMENT.**